

APPLICATION TO
CONVERT A PROVISIONAL
**ARTS EDUCATION PREK-12, EARLY CHILDHOOD,
ELEMENTARY, SECONDARY, OR SPECIAL EDUCATION CERTIFICATE**

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT
MAILING ADDRESS: P.O. BOX 6490, PHOENIX, AZ 85005-6490 • TELEPHONE: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION:

Provisional certificates may be converted upon completion of two (2) years of full-time teaching during the valid term of the Provisional certificate. Please submit the following:

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- B. A completed application and a \$30 money order, cashier's check or personal check **ONLY** for each certificate being converted, made payable to the Arizona Department of Education (**ADE**). Fees are not refundable. **Cash will not be accepted.**
- C. If you are applying for the SEI endorsement, submit a certificate of training or official transcript documenting completion of 3 semester hours or 45 clock hours of approved SEI endorsement training. Note: Due to a Board rule change effective June 22, 2015, applicants who completed 45 clock hours or 3 semester hours of SEI training to qualify for the Provisional SEI endorsement are *not* required to complete additional training for the full SEI endorsement.
- D. If deficient, submit official transcripts OR photocopy of passing AEPA score report required to satisfy the AZ and/or US Constitution requirements.

Are you applying for the SEI endorsement? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please check one of the following: <div style="text-align: right; margin-top: 5px;"><input type="checkbox"/> SEI endorsement.....\$60</div>
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Are you removing an AZ and/or US Constitution deficiency? <input type="checkbox"/> YES <input type="checkbox"/> NO I have the following deficiency: \$20 <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> US Constitution Deficiency<input type="checkbox"/> AZ Constitution Deficiency</div>
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SECTION 1: PERSONAL INFORMATION (Type or print in blue or black ink)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
LastFirstMiddle

Mailing Address: _____
Street Number or P.O. BoxCityStateZip

Telephone: (____) ____-____ **Email Address:** _____

Ethnicity: _____
(Gender and Ethnicity are requested for federal reporting purposes only)

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander

☐ Black or African-American (Not-Hispanic)
☐ Hispanic or Latino

☐ White (Not-Hispanic)
☐ Other

SECTION 2: VERIFICATION OF TEACHING EXPERIENCE

FOR DISTRICT USE ONLY

This applicant has met the teaching requirements for the conversion of the following certificate(s):

☐ Provisional Arts Education, PreK-12

☐ Provisional Elementary **

☐ Provisional Special Education

☐ Provisional Early Childhood

☐ Provisional Secondary

VERIFIED TEACHING EMPLOYMENT:

I verify that this applicant has: ☐ Four Semesters OR ☐ Two (2) years of full-time teaching experience under the provisional certificate(s)

Signature of Superintendent/Personnel Officer _____ **Date** _____

Title _____ **Name of School or District** _____

**** FOR ELEMENTARY CERTIFICATES ONLY:** Forty-five clock hours OR three semester hours of instruction in research-based systematic phonics is required. An accredited institution or other provider may provide this instruction. Please submit either a letter from the school district or provider verifying the 45 clock hours OR an official transcript to verify semester hours.

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SECTION 3: CRIMINAL HISTORY

Answer EVERY question, Sign and Date:

ATTENTION: If “YES” is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. **YES__ NO__** Have you ever had any professional certificate or license, revoked or suspended?
2. **YES__ NO__** Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. **YES__ NO__** Have you ever been convicted of any felony offense?
4. **YES__ NO__** **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

<p>YES__ NO__ a Second-degree murder</p> <p>YES__ NO__ b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>YES__ NO__ c Sexual assault</p> <p>YES__ NO__ d Molestation of a child</p> <p>YES__ NO__ e Sexual conduct with a minor</p> <p>YES__ NO__ f Commercial sexual exploitation of a minor</p> <p>YES__ NO__ g Sexual exploitation of a minor</p> <p>YES__ NO__ h Child abuse</p> <p>YES__ NO__ i Kidnapping</p> <p>YES__ NO__ j Sexual abuse of a minor</p> <p>YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206</p> <p>YES__ NO__ l Child prostitution as prescribed in section 13-3212</p> <p>YES__ NO__ m Involving or using minors in drug offenses</p>	<p>YES__ NO__ n Continuous sexual abuse of a child</p> <p>YES__ NO__ o Attempted first-degree murder</p> <p>YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01</p> <p>YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001</p> <p>YES__ NO__ r Any offense causing you to register as a sex offender</p> <p>YES__ NO__ s First-degree murder</p> <p>YES__ NO__ t Armed Robbery</p> <p>YES__ NO__ u Incest</p> <p>YES__ NO__ v Exploitation of minors involving drug offenses</p> <p>YES__ NO__ w Sexual abuse of a vulnerable adult</p> <p>YES__ NO__ x Sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ y Commercial sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ z Abuse of a vulnerable adult</p> <p>YES__ NO__ aa Molestation of a vulnerable adult</p> <p>YES__ NO__ bb Neglect of a vulnerable adult</p>
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I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Applicant's Signature

Date